PHA 5-Year and	U.S. Department of Housing and Urban	OMB No. 2577-0226
20 SEE SEES SEE SEE SEE SEE SEE SEE SEE S	Development	Expires 4/30/2011
Annual Plan	Office of Public and Indian Housing	

1.0	PHA Information PHA Name: LOUDON HOUSING AUTH PHA Type: Small High PHA Fiscal Year Beginning: (MM/YYYY):	Performing 07/2011	PHA Code: TNG Standard	☐ HCV (Section 8)		
2.0	Inventory (based on ACC units at time of F Number of PH units: 121	Y beginning		_	3	
3.0	Submission Type 5-Year and Annual Plan	Annual I	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consortia	a: (Check box if submitting a join	nt Plan and complete table belo	ow.)	
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units Program	s in Each
	PHA 1: PHA 2: PHA 3:					Hev
5.0	5-Year Plan. Complete items 5.1 and 5.2 on	ly at 5-Year I	Plan update. N/A	L	4	L
5.1	Mission. State the PHA's Mission for servin jurisdiction for the next five years:	ng the needs o	of low-income, very low-income,	and extremely low income fa	milies in the PI	HA's
5.2	Goals and Objectives. Identify the PHA's of low-income, and extremely low-income farm and objectives described in the previous 5-Y	ilies for the n				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have (b) Identify the specific location(s) where the elements, see Section 6.0 of the instruction	e public may ons. Loudo	obtain copies of the 5-Year and n Housing Authority Ma	Annual PHA Plan. For a compin Office, 124 Pathkille	r Trail, Lo	udon, TN
7.0	Hope VI, Mixed Finance Modernization o Programs, and Project-based Vouchers. I	_	-		using, Homeo	wnership
8.0	Capital Improvements. Please complete Pa	arts 8.1 throug	sh 8.3, as applicable.			
8.1	Capital Fund Program Annual Statement complete and submit the Capital Fund Program open CFP grant and CFFP financing. Attac TN37-P064-501-09 P & E Report, TN37-P064-501-10 P & E Report, TN37-P064-501-11 Annual Statem	ram Annual S ched date endi date endi	tatement/Performance and Evalung 12/31/2010			
8.2	Capital Fund Program Five-Year Action I Program Five-Year Action Plan, form HUD- for a five year period). Large capital items n	50075.2, and	subsequent annual updates (on a	rolling basis, e.g., drop currer		
8.3	Capital Fund Financing Program (CFFP). ☐ Check if the PHA proposes to use any postinance capital improvements. N/A	rtion of its Ca	pital Fund Program (CFP)/Repla	neement Housing Factor (RHF)) to repay debt	incurred to
9.0	Housing Needs. Based on information providata, make a reasonable effort to identify the the jurisdiction served by the PHA, including other families who are on the public housing issues of affordability, supply, quality, access N/A	housing need elderly famil and Section 8	s of the low-income, very low-in ies, families with disabilities, and tenant-based assistance waiting	iconie, and extremely low-inco d households of various races	ome families when the second and ethnic ground the second	ho reside in ups, and

9.1 Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

N/A

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

N/A

10.0

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

N/A

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights) Attached
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only) Attached
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only) Attached
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only) Attached
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PllAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - Attached
 (g) Challenged Elements Attached
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)

Attached

(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only) Attached

6.1 Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures

PUBLIC HOUSING

Eligibility

Eligibility for admission is verified prior to being placed on the waiting list. The following non-income screening factors are used to establish eligibility for admission to public housing:

- Criminal or drug-related activity
- Rental history
- Housekeeping
- Credit history

Waiting List

Loudon Housing Authority (LHA) has a community-wide waiting list. Interested persons may apply for admission at the main administrative office.

Admissions Preferences

LHA plans not to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income.

The following preferences are used:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- · Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is >50% of income)

Occupancy

The following reference materials can be used to obtain information about the rules of occupancy of public housing:

- The PHA-resident lease
- The PHA's Admissions and Continued Occupancy Policy
- PHA briefing seminars or written materials and documents
- Schedule of Maintenance Charges

Deconcentration and Income Mixing

The Loudon Housing Authority's policy to provide for deconcentration of poverty will consist of the following:

- A. Targeting: The income levels of families on the waiting list will be analyzed so that not less than 40% of admissions in any fiscal year will be families whose income does not exceed 30% of median income for the area.
- B. Income Mixing: Prior to the beginning of each fiscal year the LHA will analyze the income levels of families residing in each development to bring higher income families into lower income developments and lower income families into higher income developments.

The LHA will strive to insure that no individual development has a concentration of higher or lower income families. The LHA may skip families on the waiting list to reach other families with a lower or higher income. This will be accomplished in a uniform and non-discriminatory manner.

The LHA will affirmatively market public housing to all eligible income groups. If necessary, the LHA will determine the level of additional marketing strategies and deconcentration incentives to implement the objective of this policy.

6.2 Financial Resources

The LHA expects to expend approximately \$465,293 in the year 2011 for operations, capital improvements and administrative costs.

6.3 Rent Determination

PUBLIC HOUSING

LHA employs discretionary policies for determining income-based rent by having a minimum rent of \$50.00.

LHA uses HUD's required minimum rent hardship exemptions.

6.3 Rent Determination (Cont.)

Ceiling Rents

The LHA has ceiling rents

Rent Re-Determinations

If the family elected income-based rent, they must report any time there is a change in family composition that affects family income and anytime there is a new source of income by any household member.

Flat Rents

LHA established flat rents by using:

- Survey of rents listed in local newspapers
- Survey of similar unassisted units in the neighborhood

6.4 Operation and Management

Organizational Chart attached.

6.5 Grievance Procedures

The LHA has revised it Grievance Procedure to comply with the QHWRA and will continue to make revisions as additional issues are addressed by HUD regulations.

6.6 Designated Housing for Elderly and Disabled Families

The LHA plans to maintain the current elderly/disabled designation that applies to a portion of their units. The LHA has no plans to designate additional units at this time.

6.7 Community Service and Self-Sufficiency

The LHA has developed a Community Service Program that is in compliance with HUD requirements.

The LHA has adopted policy changes necessary to be in compliance with QHWRA and will update as information dictates.

6.8 Safety and Crime Prevention

The LHA will work closely with the police in all communities to take care of any problem, as it arises.

6.9 Pet Policy

The LHA has a policy related to tenant-owned pets. This policy permits all LHA residents to own pets as mandated by the QHWRA through regulations published in the Federal Register on July 10, 2000 and is subject to compliance with specific requirements of LHA's pet lease, which is available at the PHA Main Administrative Office.

6.10 Civil Rights Certification

HUD-50077 (Attached).

6.11Fiscal Year Audit

The LHA's most recent audit is on file at the HUD Field Office in Nashville, Tennessee and is available for review at the main housing authority office during normal business hours.

6.12 Asset Management

It is the goal of the LHA to manage our assets (physical property, financial resources and manpower) as efficiently as possible.

6.13 Violence Against Women Act (VAWA)

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

6.13 Violence Against Women Act (Cont.)

meet the local PHA's definition of "family"; be income eligible; have a least one family member who is a U.S. Citizen or has eligible immigration status; pass criminal background screening; have no outstanding debt to the PHA; and meet all other local PHA screening criteria.

Loudon Housing Authority gives preference to applicants who are victims of domestic violence. The PHA requests that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate your assistance for other criminal activity or good cause.

In processing a request by a victim for continued assistance, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meet the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested information within 14 business days, your assistance may be terminated.

Any information provided pursuant to the Violence Against Women Act shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

It is in the best interest of any victim of domestic violence, dating violence or stalking to report the incident to the PHA and complete form HUD-50066 Certification of Domestic Violence, Dating Violence, or Stalking or provide approved documentation in lieu of the certification.

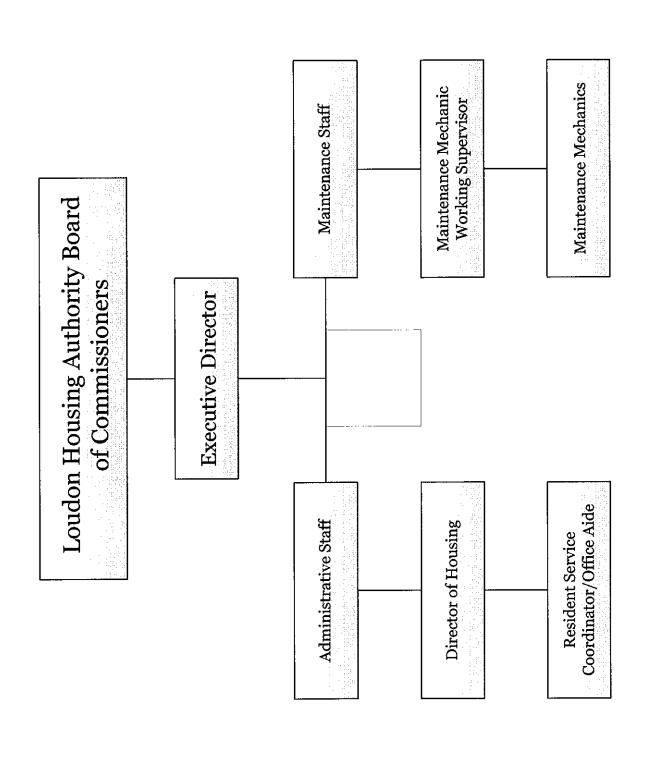
U.S. Department of Housing and Urban Development Office of Housing

OMB Approval No. 2502-0204 Exp. 05/31/2011

LEASE ADDENDUM

<u>v</u>	IOLENCE AGAINST WOMEN AND J	USTICE DEPARTMENT REAUT	HORIZATION ACT OF 2005
	ΓΕΝΑΝΤ	Loudon Housing Authority - Landlord	UNIT NO. & ADDRESS
	ease addendum adds the following and Landlord.	paragraphs to the Lease between	een the above referenced
Purp	ose of the Addendum		
	ne lease for the above referenced uniolence Against Women and Justice	-	-
Confl	licts with Other Provisions of the	Lease	
	case of any conflict between the preparation of this Addendum shall		nd other sections of the Lease,
Term	of the Lease Addendum		
	ne effective date of this Lease Addentinue to be in effect until the Leas		This Lease Addendum shall
VAW	A Protections		
 2. 3. 	The Landlord may not consider in serious or repeated violations of the tenancy or occupancy rights of the The Landlord may not consider of member of a tenant's household of for termination of assistance, tenamember of the tenant's family is to The Landlord may request in write behalf, certify that the individual Violence, Dating Violence or Stalon the certification form, be compupon extension date, to receive precertification or other supporting deviction.	he lease or other "good cause' e victim of abuse. riminal activity directly relating any guest or other person unancy, or occupancy rights if the the victim or threatened victiming that the victim, or a family is a victim of abuse and that the lking, Form HUD-91066, or obleted and submitted within 14 otection under the VAWA. Fire in the victim of abuse and submitted within 14 otection under the VAWA.	'for termination of assistance, and to abuse, engaged in by a ander the tenant's control, cause tenant or an immediate of that abuse. y member on the victim's are Certification of Domestic ther documentation as noted business days, or an agreed ailure to provide the
Tenant	t	Date	
Landlo	ord Representative	Date	

Form HUD-91067 (9/2008)



Office of Public and Indian Housing OMB No. 2577-0226 U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: Summary	Summary				Expires 4/30/2011
PHA Nam Authority	PHA Name: Loudon Housing Authority Capital Fund Program Grant No. TN37-P064-501-09 Replacement Housing Factor Grant No. Date of CFFP:	064-501-09		78	FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant Original A	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Performance and Evaluation Report for Period Ending: 12/31/2010		Revised Annual Statement (revision no:In-House "D"	evision no:In-House "D" aation Report	
Line	Summary by Development Account	Total Est	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	9,760.00	9,760.00	9,760.00	5,935.82
3	1408 Management Improvements	32,000.00	29,864.72	29,864.72	29,864.72
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00	1,000.00	1,000.00
5	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	5,960.00	5,960.00	5,960.00	5,960.00
«	1440 Site Acquisition				
6	1450 Site Improvement	59,442.00	107,147.28	90,305.28	1,800.00
10	1460 Dwelling Structures	73,098.00	27,528.00	27,528.00	27,528.00
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	2,000.00	5,000.00	957.10
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary	ummary				
PHA Name: Loudon Housing Authority	ousing Grant Type and Number Capital Fund Program Grant No: TN37-P064-501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of	FFY of Grant.2009 FFY of Grant Approval: 2009	
Type of Grant	rant				
Origi	Original Annual Statement	ncies	Revised 🗌	🔲 Revised Annual Statement (revision no: In-House "D"	House "D")
	Yerformance and Evaluation Report for Period Ending: 12/31/2010		Final P	Final Performance and Evaluation Report	
Line	Summary by Development Account	Total E	Total Estimated Cost	Total Actual Cost	lal Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	186,260.00	0 186,260.00	169,418.00	73,045.64
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatu	Signature of Executive Director Lori Everett	ate 12/31/2010 Sign	Signature of Public Housing Director	irector	Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Capital Fund Financing Program

Part II: Supporting Pages								
PHA Name: Loudon Housing Authority	sing Authority	Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	nt No: TN37-PO64-5 or Grant No:	01-09	Federal I	Federal FFY of Grant: 2009	5006	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work Development Account No.	Quantity	Total Estimated Cost	ated Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations	1406.1	TS	9,760.00	9,760.00	9,760.00	5,935.82	Work in Progress
	Community Cares	1408.1	1 position	00.000,6	9,000.00	9,000.00	9,000.00	Work Completed
	Part-time Worker	1408.2	1 position	22,000.00	20,864.72	20,864.72	20,864.72	Work Completed
	Computer Upgrade (Defer)	1408.3	ST	1,000.00	00.0	00.0	0.00	Work Deferred
	Advertising	1410.1	ST	1,000.00	1,000.00	1,000.00	1,000.00	Work Completed
	Agency Plan Update	1430.1	1	1,000.00	1,000.00	1,000.00	1,000.00	Work Completed
	Environmental Review	1430.2	1	1,000.00	1,000.00	1,000.00	1,000.00	Work Completed
	Annual Inspections	1430.3	ST	00.096	00'096	00'096	00'096	Work Completed
	A/E Fees	1430.4	ST	3,000.00	3,000.00	3,000.00	3,000.00	Work Completed
	Sidewalk Repair	1450.1	ST	2,600.00	2,600.00	2,600.00	1,800.00	Work in Progress
	Signage	1450.2	ST	16,842.00	16,842.00	00'0	00'0	No Work to Date
	Appliances	1465.1	ST	5,000.00	5,000.00	5,000.00	957.10	Work in Progress
		,						

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Expires 4/30/2011

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

Part II: Supporting Pages								
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Grant No: TN37-PO64-501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	: TN37-PO64-5	01-09	Federal F	Federal FFY of Grant: 2009	600	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
TN64-002	HVAC – including removal of whole house fans; insulate, put blank cover on switch (Completed w ARRA funds)	1460.1	ST	27,480.00	00.0	00:0	00:0	Work Deleted
	Replace disconnect & meter center (Completed w ARRA funds)	1460.2	TS	5,000.00	0.00	0.00	0.00	Work Deleted
TN64-003	Replace site light poles	1450.3	27	40,000.00	87,705.28	87,705.28	00.00	No Work to Date
	Replace range hood exhaust vent on roof - 3 bedroom; wall - 2 bedroom (Defer)	1460.3	ST TS	19,418.00	00.00	00.00	0.00	Work Deferred
	*HVAC Replacement	1460.4	TS	19,000.00	25,328.00	25,328.00	25,328.00	Work Completed
	** Bathroom Repairs	1460.5	ST	2,200.00	2,200.00	2,200.00	2,200.00	Work Completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

^{*}Emergency Item - Due to the age of equipment it's more cost effective to replace HVAC than to repair. Replacement equipment is energy efficient.

^{**} Emergency Item - Bathroom repairs due to damaged material and water deterioration

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

		Jates ¹										
	Federal FFY of Grant: 2009	Reasons for Revised Target Dates									in any in a	
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date					:				
		All Fund (Quarter E	Original Expenditure End Date	09/14/2013	09/14/2013	09/14/2013						
Financing Program		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date									
dule for Capital Fund	Authority	All Fund (Quarter E	Original Obligation End Date	09/14/2011	09/14/2011	09/14/2011						
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Loudon Housing Authority	Development Number Name/PHA-Wide Activities		HA-Wide	TN64-002	TN64-003		A AND AND AND AND AND AND AND AND AND AN			,	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Part I: S	Part I: Summary				Expires 4/30/2011
PHA Nam Authority	Authority Capital Fund Program Grant No: TN37-P064-501-10 Replacement Housing Factor Grant No: Date of CFFP:	64-501-10		H H	FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant Original A	Type of Grant ☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Performance and Evaluation Report for Period Ending: 12/31/2010		Revised Annual Statement (revision no: In-House Rev. 3)	evision no: In-House Rev. 3)	
Line	Summary by Development Account	Total Estimated Cost	ated Cost	Total Ac	Total Actual Cost 1
		Original R	Revised ²	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	1,000.00	1,000.00	0.00
3	1408 Management Improvements	32,000.00	32,000.00	31,000.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00	1,000.00	0.00
S	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000.00	15,000.00	15,000.00	4,700.00
∞	1440 Site Acquisition				
6	1450 Site Improvement	5,000.00	48,294.72	43,294.72	0.00
10	1460 Dwelling Structures	133,515.00	82,220.28	17,750.00	3,350.00
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	5,000.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration			in a control	
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Expires 4/30/2011

Part I: Summary	ummary					
PHA Name: Loudon Housing Authority	c: Capital Fund Program Grant No: TN37-P064-501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Appr	FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant	ant					
Origi	Original Annual Statement Reserve for Disasters/Emergencies	encies	□ Revi	sed Annual Stateme	Revised Annual Statement (revision no: In-House Rev. 3	3)
 ⊠	Performance and Evaluation Report for Period Ending: 12/31/2010		Final	Final Performance and Evaluation Report	valuation Report	
Line	Summary by Development Account	ToT	Total Estimated Cost		Total Actual Cost	Cost 1
		Original	Revised 2	ed ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
61	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	184,515.00		184,515.00	114,044.72	8,050.00
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signatuı	Signature of Executive Director Lori Everett	Date 12/31/2010 S	Signature of Public Housing Director	Housing Directo	ır	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages									
PHA Name: Loudon Housing Authority		Grant Type and Number Capital Fund Program Gra CFFP (Yes/No): No Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: TN37-P064-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	TN37-P064-50 ant No:	1-10	Federal F	Federal FFY of Grant: 2010	2010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantify	Total Estimated Cost	ted Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised '	Funds Obligated ²	Funds Expended ²	
HA-Wide	Operations		1406.1	rs	1,000.00	1,000.00	1,000.00	00.0	Work In Progress
	Community Cares		1408.1	1 position	9,000.00	9,000.00	9,000.00	00'0	Work In Progress
	Part-time Worker		1408.2	1 position	22,000.00	22,000.00	22,000.00	00'0	Work In Progress
	Computer Upgrade		1408.3	TS	1,000.00	1,000.00	0.00	00.0	No Work To Date
	Advertising		1410.1	ST	1,000.00	1,000.00	1,000.00	00'0	Work In Progress
	Agency Plan Update		1430.1	1	1,000.00	1,000.00	1,000.00	00'0	Work In Progress
	Environmental Review		1430.2	1	1,000.00	1,000.00	1,000.00	00.0	Work In Progress
	Annual Inspections		1430.3	ST	2,000.00	2,000.00	2,000.00	00.00	Work In Progress
	A/E Fees		1430.4	ST	3,000.00	11,000.00	11,000.00	4,700.00	Work In Progress
	Sidewalk Repair		1450.1	TS	5,000.00	5,000.00	0.00	00.0	No Work To Date
	Repair drain lines		1460.1	As needed	1,000.00	1,000.00	1,000.00	00.0	Work In Progress
	Appliances		1465.1	ST	5,000.00	5,000.00	5,000.00	00'0	Work In Progress
							;		
							1		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages	7. 17	8	- 1 Mho.				TV of Cuents 3	010	
PHA Name: Loudon Housing Authority		Grant 1ype Capital Fund CFFP (Yes/) Replacement	Grant 1 ype and Number Capital Fund Program Grant No: TN37-P064-501-10 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	: TN37-P064-5(ant No:	01-10	rederal R	rederal FF Y Of Grant: 2010	010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN64-002	No work this year	:			0.00	0.00	00.0	00.0	
TN64-003	Bathroom renovations		1460.2	TS	81,220.28	64,470.28	0.00	00.0	No Work To Date
	Site Lighting Replacement (fung. '09)	(60,	1450.2	TS	43,294.72	43,294.72	43,294.72	00.00	No Work To Date
	*HVAC Replacement (fung. '14)		1460.3	TS	00.00	16,750.00	16,750.00	3,350.00	Work In Progress

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

*Fungibility - Work item approved in 2010 Agency Plan - FFY 2014 Work Statement for Year 5

² To be completed for the Performance and Evaluation Report.

	Federal FFY of Grant: 2010	Reasons for Revised Target Dates ¹										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date									
		All Funds (Quarter E	Original Expenditure End Date	07/14/2014	07/14/2014	07/14/2014						
Financing Program		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date									
dule for Capital Fund	Authority	All Fund (Quarter E	Original Obligation End Date	07/14/2012	07/14/2012	07/14/2012						
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Loudon Housing Authority	Development Number Name/PHA-Wide Activities		HA-Wide	TN64-002	TN64-003						

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the _____ 5-Year and/or_X_ Annual PHA Plan for the PHA fiscal year beginning 7/2011, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
 pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

Previous version is obsolete Page 1 of 2 form HUD-50077 (4/2008)

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:

Previous version is obsolete

- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
- (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
- (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Loudon Housing Authority PHA Name	TN64 PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 20	_
I hereby certify that all the information stated herein, as well as any information provide prosecute false claims and statements. Conviction may result in criminal and/or civil pe	ed in the accompaniment herewith, is true and accurate. Warning: HUD will nalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)
Name of Authorized Official	Title
Joseph E. Ratledge, Jr.	Board Chairman
Signature Joseph E. Rathedje J.	Date 03/23/2011

Page 2 of 2

Civil	Rights	Certification
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

TN064

Civil Rights Certification

Annual Certification and Board Resolution

Loudon Housing Authority

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

PHA Name		PHA Number/HA Code	
I hereby certify that all the information prosecute false claims and statements.	n stated herein, as well as any information pro Conviction may result in criminal and/or civil	vided in the accompaniment herewith, is true penalties. (18 U.S.C. 1001, 1010, 1012; 31 L	and accurate. Warning: HUD will J.S.C. 3729, 3802)
Name of Authorized Official	Joseph E. Ratledge, Jr.	Title	Board Chairman
Signature 4 2 (E	Pertledge)	Date 03/23/2011	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name	
Loudon Housing Authority	
Program/Activity Receiving Federal Grant Funding	
2011 Capital Fund Program	
Acting on behalf of the above named Applicant as its Authoriz the Department of Housing and Urban Development (HUD) regar	ed Official, I make the following certifications and agreements to ding the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the un-	(1) Abide by the terms of the statement; and(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	workplace no later than five calendar days after such conviction; e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction.
b. Establishing an on-going drug-free awareness program to inform employees	Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on
(1) The dangers of drug abuse in the workplace;(2) The Applicant's policy of maintaining a drug-free	whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification
workplace;	number(s) of each affected grant;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement	requirements of the Rehabilitation Act of 1973, as amended; or
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the	(2) Requiring such employee to participate satisfacto- rily in a drug abuse assistance or rehabilitation program ap- proved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
employee will	g. Making a good faith effort to continue to maintain a drug- free workplace through implementation of paragraphs a. thru f.
2. Sites for Work Performance. The Applicant shall list (on separate p HUD funding of the program/activity shown above: Place of Perform Identify each sheet with the Applicant name and address and the program.	nance shall include the street address, city, county, State, and zip code.
See attached	
Check here if there are workplaces on file that are not identified on the attack.	ched sheets.
I hereby certify that all the information stated herein, as well as any information: Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Lori Everett	Executive Director
Signature	Date
x Law Eurett	03/23/2011
	form HUD-50070 (3/98)

LOUDON HOUSING AUTHORITY FY2011 AGENCY PLAN CERTIFICATIONS ATTACHMENT TO HUD-50070

PROJECT	STREET NAMES(S)	CITY	COUNTY	STATE	ZIP CODE
TN64-002	PATHKILLER TRAIL HACKBERRY STREET	LOUDON	LOUDON	TN	37774
TN64-003	CREEKWOOD CIRCLE ELM LANE MAPLE LANE WILLOW COURT	LOUDON	LOUDON	TN	37774

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name		
Loudon Housing Authority		
Program/Activity Receiving Federal Grant Funding 2011 Capital Fund Program		
The undersigned certifies, to the best of his or her knowledge and	d belief, th	nat:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any	certific at all under subreci	he undersigned shall require that the language of this ation be included in the award documents for all subawards tiers (including subcontracts, subgrants, and contracts grants, loans, and cooperative agreements) and that all pients shall certify and disclose accordingly.
Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.	reliance into. So or ente	rtification is a material representation of fact upon which e was placed when this transaction was made or entered ubmission of this certification is a prerequisite for making ring into this transaction imposed by Section 1352, Title S. Code. Any person who fails to file the required
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	certific	ation shall be subject to a civil penalty of not less than 0 and not more than \$100,000 for each such failure.
I hereby certify that all the information stated herein, as well as any information: Warning: HUD will prosecute false claims and statements. Conviction may		
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	Title	
Name of Authorized Official Lori Everett	Title Executi	ve Director
Signature		Date (mm/dd/yyyy)
Lari Eurett		03/23/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federa	al Action:	3. Report Type:	
b a. contract	b a. bid/o	ffer/application	a. initial fill	ing
b. grant	b. initia	l award	b. materia	l change
c. cooperative agreement	c. post-	award	For Material	Change Only:
d. loan			year	quarter
e. loan guarantee			date of las	st report
f. loan insurance				A
4. Name and Address of Reporting	g Entity:	5. If Reporting En	tity in No. 4 is a Si	ubawardee, Enter Name
		and Address of	Prime:	
	, if known:			
		Loudon Housing	Authority	
		P O Box 425		
		Loudon, TN 3777	<i>'</i> 4	
Congressional District, if known	1:	Congressional	District, if known:	
6. Federal Department/Agency:		7. Federal Progra	m Name/Description	on:
HUD				
NOD				
		CFDA Number,	if applicable:	
8. Federal Action Number, if know	n:	9. Award Amount	, if known:	
		\$		
10. a. Name and Address of Lobb	ving Registrant	b. Individuals Per	forming Services	(including address if
(if individual, last name, first r		different from N		(meraamig aaarees n
(Il marriadal, last hams, mot l		(last name, firs	50	
		(,	,	
			0 1.	
11 Information requested through this form is authorized	ed by title 31 U.S.C. section	Signature:	Jan Eure	H_{\downarrow}
1352. This disclosure of lobbying activities is a m upon which reliance was placed by the tier above who	aterial representation of fact			
or entered into. This disclosure is required pursua	ant to 31 U.S.C. 1352. This	Print Name: Lori		
information will be available for public inspection. A required disclosure shall be subject to a civil penalty		Title: Executive Di	rector	
not more than \$100,000 for each such failure.		Telephone No.: 8	65/458-2061	Date: 03/23/2011
Company of the Compan		Totophone No	MEM RESOLUTION AND SECURITION OF THE SECURITION	
Federal Use Only:				Authorized for Local Reproduction
				Standard Form LLL (Rev. 7-97)

RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON FY2011 AGENCY PLAN Loudon Housing Authority (LHA) February 9, 2011 1:00 p.m.

Only one resident came to this meeting. Lori Everett, Executive Director, was present, as was Marie Sheddan, Michael Brady, Inc.

We discussed the capital fund program and she agreed with everything and had no additional comments.

There were no written comments submitted.

The meeting was adjourned.

THE LOUDON HOUSING AUTHORITY RESIDENT ADVISORY BOARD MEETING TO RECEIVE COMMENTS ON THE FY2011 AGENCY PLAN WEDNESDAY, FEBRUARY 9, 2011 @ 1:00 P.M.

NAME	ADDRESS	PHONE NO.
Lari Eurett Nellie Fussell Wari Sheddan	LHA	458-2061
Hellie Fuskel	158 Willow Ct	458-2940 584-0999
Wary Sheddan	MBI	584-0999
1		
r		
		-A
		-



FORT HILL ACRES

LOUDON HOUSING AUTHORITY

P.O. BOX 425 LOUDON, TENNESSEE 37774

(865) 458-2061

FAX (865) 458-6162

CREEKWOOD HOMES

LORI EVERETT, EXECUTIVE DIRECTOR

March 23, 2011

To whom it may concern:

This letter is to inform you that there were no challenged elements of the Annual Plan (2011) for Loudon Housing Authority

Sincerely,

Lori Everett

Executive Director

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report Capital Fund Financing Program

Part I: Summary	ummary				
PHA Nam Authority	PHA Name: Loudon Housing Grant Type and Number Authority Capital Fund Program Grant No: TN37-P064-501-11 Replacement Housing Factor Grant No: Date of CFFP.	t- 501-11		면	FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant ☐ Original A ☐ Performan	nnual Statement ce and Evaluation Report fo	X =	Revised Annual Statement (revision no: Rev. 1 to show actual budget amount) Final Performance and Evaluation Report	Rev. 1 to show actual bu	dget amount)
Line	Summary by Development Account	Total Estimated Cost	ted Cost	Total Actual Cost	ual Cost 1
		Original Re	Revised ² Obligated	ated	Expended
-	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3	1,000.00			
3	1408 Management Improvements	32,000.00			
4	1410 Administration (may not exceed 10% of line 21)	1,000.00			
ح_	1411 Audit				
9	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000.00			
∞	1440 Site Acquisition				
6	1450 Site Improvement	5,000.00			
10	1460 Dwelling Structures	130,515.00			
11	1465.1 Dwelling Equipment—Nonexpendable	2,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
91	1495.1 Relocation Costs	3,000.00			
17	1499 Development Activities 4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

					Explics 4/30/2011
Part I: Summary	_		FFV of Grant: 2011	rant:2011	
Loudon Housing Authority	ousing Capital Fund Program Grant No: TN37-P064-501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of G	FFY of Grant Approval: 2011	
Type of Grant	ant				
	✓ Original Annual Statement □ Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:	nt (revision no:	
☐ Perfo	Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	Svaluation Report	
Line	Summary by Development Account	Total Esti	Total Estimated Cost	Total Actual Cost	ual Cost 1
		Original	Revised 2	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
61	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	184,515.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	Signature of Executive Director Logi Everett Ann Hunett	Date 03/23/2011 Signat	Signature of Public Housing Director	rector	Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

PHA Name: Loudon Housing Authority Grant Type and Number CFFP (Yes/No); No Replacement Housing Factor Grant No: No: No Replacement Housing Factor Grant No: No: No Replacement Housing Factor Grant No: No: No Replacement Housing Factor Grant No: Name/PHA-Wide Categories Categories Activities General Description of Major Work Account No. No:	Grant Type and Number Capital Fund Program Grant N CFFP (Yes/ No): No Replacement Housing Factor (Rajor Work Development Account No. 1406 1408 1408	Ouantity LS I position I position LS LS I position I freeded	iginal Reviginal Reviginal Reviginal Reviginal Reviginal Revigion 0,000.00 0,1,000.00 1,000.00 1,000.00	Federal FFY of Grant: 2011 Cost Total Actual Cost	2011	
Operations Community Cares Development Quantity Total Estimat Operations 1406 LS 1,000.00 Community Cares 1408 1 position 22,000.00 Part-time Worker 1408 1 position 22,000.00 Computer Upgrade 1408 LS 1,000.00 Salaries/benefits 1410 LS 1,000.00 Advertising 1410 LS 1,000.00 Advertising 1430 LS 1,000.00 Abency Plan Update 1430 LS 1,000.00 Abency Plan Update 1430 LS 1,000.00 Akency Plan Update 1430 LS 1,000.00 Akency Plan Update 1430 LS 3,000.00 Akency Plan Update 1450 LS 3,000.00 Repair Repair 1460 As needed 1,000.00 Repair drain lines 1460 As needed 1,000.00 Appliances 1465 LS 3,000.00 Relocation		Quantity LS LS I position I position LS LS LS	ti, mat			
-Wide Operations 1406 LS 1,000.00 Part-time Worker 1408 1 position 10,000.00 Part-time Worker 1408 1 position 22,000.00 Computer Upgrade 1408 LS 1,000.00 Salaries/benefits 1408 LS 1,000.00 Advertising 1410 LS 1,000.00 Advertising 1410 LS 1,000.00 Advertising 1430 LS 1,000.00 Amual Inspections 1430 LS 1,000.00 AE Fees 1430 LS 3,000.00 Repair Repair 1450 LS 3,000.00 Repair drain lines 1460 As needed 1,000.00 Appliances 1465 LS 5,000.00 Relocation 1495 LS 3,000.00	1406 1408 1408 1408	LS 1 position 1 position LS LS	8888		l Cost	Status of Work
Operations 1406 LS Community Cares 1408 1 position Part-time Worker 1408 1 position Computer Upgrade 1408 LS Salaries/benefits 1408 If needed Advertising 1410 LS Agency Plan Update 1430 1 Environmental Review 1430 LS A/E Fees 1430 LS Sidewalk Repair 1450 LS Repair drain lines 1460 As needed HVAC Repair/Replace 1460 As needed Appliances 1465.1 LS Relocation 1495 LS	1406 1408 1408 1408	LS 1 position 1 position LS LS	1,000.00 10,000.00 22,000.00 1,000.00	sed ¹ Funds Obligated ²	Funds Expended ²	
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1408 LS 1408 If needed 1410 LS 1430 1 1430 LS 1430 LS 1450 LS 1460 As needed 1465.1 LS 1495 LS 1495 LS	1408	LS	1,000.00			
1408 If needed 1410 LS 1430 I 1430 LS 1430 LS 1430 LS 1450 LS 1450 LS 1460 As needed 1460 As needed 1465.1 LS 1465.1 LS 1495 LS LS 1495 LS LS 1495 LS LS LS LS LS LS LS L		If needed	000			
1410 LS 1430 1 1430 1 1430 LS 1450 LS 1460 As needed 1465.1 LS 1465.1 LS 1495 LS	1408	II IICCACA	0.00			
1430 1 1430 1 1430 1 1430 LS 1430 LS 1450 LS 1450 LS 1460 As needed 1460 As needed 1465.1 LS 1465.1 LS 1495 LS 1	1410	TS	1,000.00			
1430 1 1430 LS 1430 LS 1450 LS 1460 As needed 1 1465.1 LS 1495 LS	1430	1	1,000.00			
1430 LS 1430 LS 1450 LS 1460 As needed 1465.1 LS 1495 LS	1430	1	1,000.00			
1430 LS 1450 LS 1460 As needed 1465.1 LS 1495 LS	1430	LS	1,000.00			
1450 LS 1460 As needed 1460 As needed 1465.1 LS 1495 LS	1430	TS	3,000.00			
1460 As needed 1460 As needed 1465.1 LS 1495 LS	1450	ITS	5,000.00			
1460 As needed 1465.1 LS 1495 LS	1460	As needed	1,000.00			
1465.1 LS 1495 LS	1460	As needed	10,000.00			
1495 LS	1465.1	TS	5,000.00			
	1495	rs	3,000.00			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

		Status of Work												
	11	òst	Funds Expended ²											
	Federal FFY of Grant: 2011	Total Actual Cost	Funds Obligated ²											
	Federal F	ed Cost	Revised ¹											
	4-11	Total Estimated Cost	Original	0.00	•			119,515.00						
	: TN37-P064-50 ant No:	Quantity						rs						
	Grant Type and Number Capital Fund Program Grant No: TN37-P064-501-11 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	Development Account No.	-					1460						
		General Description of Major Work Categories		No work this year				Bathroom renovations						
Part II: Supporting Pages	PHA Name: Loudon Housing Authority	Development Number Name/PHA-Wide Activities		TN64-002				TN64-003						

 $^{^1\,\}mathrm{To}$ be completed for the Performance and Evaluation Report or a Revised Annual Statement. $^2\,\mathrm{To}$ be completed for the Performance and Evaluation Report.

Expires 4/30/2011

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

	Federal FFY of Grant: 2011	Reasons for Revised Target Dates ¹										
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date									
		All Funds (Quarter E	Original Expenditure End Date	07/14/2015	07/14/2015	07/14/2015						
Financing Program		All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date									
dule for Capital Fund	Authority	All Fund (Quarter E	Original Obligation End Date	07/14/2013	07/14/2013	07/14/2013						
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name: Loudon Housing Authority	Development Number Name/PHA-Wide Activities		HA-Wide	TN64-002	TN64-003						

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

37,000,00 121,515.00 1,000.00 1,000.00 0.00 0.00 0.00 0.0

Part	Part I: Summary (Continuation)	ation)				
PHA	PHA Name/Number Loudon HA TN-64	TN-64	Locality (City/c Loudon/Loud	ocality (City/county & State) Loudon/Loudon/Tennessee	⊠Original 5-Year Plan	Revision No:
Ą.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
		Annual Statement				
	PHA-WIDE		64,000	65,000	000,66	74,000
	TN64-002		0	25,000	000'09	25,000
	TN64-003		120,515	94,515	35,515	85,515
						;
	CFP Funds Listed for 5- year planning		184,515	184,515	184,515	184,515

Capital Fund Program-Five-Year Action Plan

Sustement for Statement for Vear: 2	t II: Sup	Part II: Supporting Pages - Physical Needs Work Statement(s)	al Needs Work Statem	lent(s)			
Development Number/Name General Description of Manner As Number/Name General Description of Major Work Categories Major Work Categories As Needed Subtotal 11,000 Repair Pala Liss HVAC Repair/Replace As Needed Subtotal 11,000 HVAC Repair/Replace As Needed Subtotal Subtotal 11,000 HVAC Repair/Replace As Needed Subtotal 11,000 HVAC Repair/Replace As Needed Subtotal 11,000 HVAC Repair/Replace Subtotal 11,000 HVAC Replace Subtotal 11,000	ō,		Vork Statement for Year: 2 FFY 2012			Work Statement for Year: 3 FFY 2013	
Repair Drain Lines LS 1,000 Repair Drain Lines LS HVAC Repair/Replace As Needed 10,000 HVAC Repair/Replace As Needed 10,000 TN64-002 No work this year TN64-002 TN64-002 LS Depoil of Extended on the control of Extended on the control of Extended Cost TN64-002 LS Depoil of Extinated Cost Replace of ecks LS Exterior Reported or Extinated Cost Subtotal	>	Development Number/Name General Description of Maior Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Maior Work Categories	Quantity	Estimated Cost
Repair Drain Lines LS 1,000 Repair Drain Lines LS HVAC Repair/Replace As Needed 11,000 HVAC Repair/Replace As Needed 11,000 TN64-002 TN64-002 TN64-002 LS Exhibition LS Exhibition No work this year Subtoral Repair Site Drainage LS LS Exhibition LS Exhibition LS Exhibition LS Exhibition Exhibi		PHA-Wide			PHA-Wide		
HVAC Repair/Replace As Needed 10,000 HVAC Repair/Replace As Needed 10,000 TN64-002 TN64-002 TN64-002 LS Problems LS No work this year Subtotal Repair Site Drainage LS LS TN64-003 Subtotal Shutters LS LS TN64-003 LS TN64-003 LS LS Community Room LS TN64-003 LS LS Renovations LS Foundation LS LS Renovations LS Foundation LS LS Replace sliding glass LS LS LS Accommunity Room LS Replace sliding glass LS LS Renovations LS Replace sliding glass LS Exterior Renovations LS Renovations LS Replace decks LS ES ES Accommunity Room LS Replace sliding glass LS ES Accommunity Room Subtotal LS </td <td></td> <td>Repair Drain Lines</td> <td>LS</td> <td>1,000</td> <td>Repair Drain Lines</td> <td>LS</td> <td>1,000</td>		Repair Drain Lines	LS	1,000	Repair Drain Lines	LS	1,000
Subtotal Subtotal Subtotal Image: Trick-002 Trick-002 LS Problems LS Problems Subtotal Shutters LS L.S Trick-003 LS L.S Trick-003 LS Exterior Renovations LS I Poundation LS I Replace sliding glass LS Subtotal Replace sliding glass LS Subtotal Acors LS Replace decks LS Subtotal Replace decks LS Subtotal Abbotal of Estimated Cost \$131,515 Subtotal of Estimated Cost \$131,515	t		As Needed	10,000	HVAC Repair/Replace	As Needed	10,000
Nom L.S TN64-002 L.S Subtotal 0 Repair Site Drainage Problems L.S Subtotal 0 Replace Sliding glass Abtotal 2 Subtotal of Estimated Cost Subtotal of Estimated Cost L.S 120,515 TN64-003 L.S L.S 1 Foundation Doors L.S 1 Replace sliding glass L.S 1 Replace sliding glass L.S Subtotal Subtotal of Estimated Cost \$120,515 Replace decks L.S Subtotal of Estimated Cost \$131,515 Subtotal of Estimated Cost \$131			Subtotal	11,000		Subtotal	11,000
com L.S Troblems L.S subtotal 0 Replace sliding glass L.S s 120,515 TN64-003 Subtotal s Exterior Renovations L.S I.S s W/insulation L.S I.S doors Replace sliding glass L.S Subtotal Subtotal of Estimated Cost \$131,515 Subtotal of Estimated Cost \$131,515		TN64-002			TN64-002		
Subtotal O Subtotal C Subtotal Subtotal Subtotal Subtotal of Estimated Cost Subtotal Subtotal Subtotal Subtotal Subtotal Exterior Renovations LS IS IS<		No work this year		0	Repair Site Drainage Problems	LS	20,000
Subtotal 0					Shutters	LS	5,000
LS					***************************************		
LS TN64-003 TN64-003 Exterior Renovations LS Foundation Doors LS w/insulation LS Replace sliding glass LS doors Replace sliding glass Acons LS Replace docks LS Replace docks LS Replace docks LS Subtotal of Estimated Cost \$131,515 Subtotal of Estimated Cost \$131,515			Subtotal	0		Subtotal	25,000
L.S TN64-003 TN64-003 Exterior Renovations L.S Poundation Doors W/insulation L.S Replace sliding glass doors L.S Replace sliding glass L.S Roofing Roofing L.S L.S Replace docks L.S L.S Replace docks L.S L.S Replace docks L.S Replace docks Replace docks L.S Replace docks Replace docks L.S Replace docks		TN64-003				i	
Exterior Renovations L.S Foundation Doors L.S w/insulation L.S Replace sliding glass doors L.S Roofing L.S Replace decks L.S Replace decks L.S Subtotal Subtotal \$131,515 Subtotal of Estimated Cost		Community Room Renovations	LS	120,515	TN64-003		
Foundation Doors LS w/insulation LS Replace sliding glass LS doors LS Replace decks LS Replace decks LS Replace decks LS \$120,515 Subtotal \$131,515 Subtotal of Estimated Cost					Exterior Renovations	LS	12,060
Replace sliding glass doors LS Roofing LS Replace decks LS 120,515 Subtotal \$131,515 Subtotal of Estimated Cost					Foundation Doors w/insulation	TS	5,000
Roofing					Replace sliding glass doors	TS	5,000
Replace decks					Roofing	TS	52,255
\$131,515 Subtotal of Estimated Cost \$1					Replace decks	TS	20,200
\$131,515 Subtotal of Estimated Cost			Subtotal	120,515		Subtotal	94,515
\$151.513 Subtotal of Estimated Cost		744.0	otol of Detimoted Cont	\$131515	1.0	1 - O f - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	213 0 513
		nonc	otal of Estimated Cost	C1C,1¢1¢	anc	total of Estimated Cost	C1C,0518

	t for Year: 5	ity Estimated Cost		1,000 1,000	ıbtotal		25,000			Subtotal 25,000		85,515						Subtotal 85,515	ated Cost \$121,515
	Work Statement for Year: 5 FFY 2015	Development Number/Name General Description of Maior Work Categories		Repair Drain Lines LS HVAC Renair/Renlace As Needed		 IN64-002	Additional parking LS				TN64-003	HVAC Replacement LS							Subtotal of Estimated Cost
nent(s)		Estimated Cost	$\perp \perp \mid$	1,000	+	+	+	30,000		50,000		14,060		5,000	2,000	455	1,000	35,515	\$96,515
al Needs Work Stater	Work Statement for Year: 4 FFY 2014	Quantity		LS As Needed	Subtotal	O ₁	LS	LS		Subtotal		TS	LS	TS	LS	TS	TS	Subtotal	Subtotal of Estimated Cost
Part II: Supporting Pages – Physical Needs Work Statement(s)		Development Number/Name General Description of Major Work Cateories	PHA-WIDE	Repair Drain Lines HVAC Renair/Renlace		TN64-002	Gidewell reneir/renlace	Roofing)		TN64-003	Exterior Renovations	Kitchen Renovations	Fencing	Handicapped accessible Tot Lot	Remove rip-rap; tile and pave	Security cameras		Subt
Part II: Supp	Work Statement for	Year 1 FFY 2011	See	Annual															

Capital Fund Program-Five-Year Action Plan

Part III: Sup	Part III: Supporting Pages - Management Needs Work	Statement(s)		
Work	Work Statement for Year; 2		Work Statement for Year: 3	
Statement for	FFY 2012		FFY 2013	
Year I FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
2011	General Description of Major Work Categories		General Description of Major Work Categories	
////// See	PHA-WIDE		PHA-WIDE	
Annual	Operations	1,000	Operations	1,000
	Community Care Giver	10,000	Community Care Giver	10,000
	Part-Time Worker	22,000	Part-Time Worker	22,000
	Salaries/benefits	0	Salaries/benefits	0
	Advertising	1,000	Advertising	1,000
	Agency Plan Update	1,000	Agency Plan Update	1,000
	Environmental Review	1,000	Environmental Review	1,000
	Computer Upgrade	5,000	Computer Upgrade	2,000
	A/E Fees	2,000	A/E Fees	5,000
	Annual Inspections	1,000	Annual Inspections	1,000
	Appliances	5,000	Appliances	5,000
	Office Equipment	200	Office Equipment	200
	Maintenance Equipment	200	Maintenance Equipment	200
			Energy Audit	1,000
	Subtotal of Estimated Cost	\$53,000	Subtotal of Estimated Cost	\$54,000

Capital Fund Program—Five-Year Action Plan

Part III: Sug	Part III: Supporting Pages - Management Needs Work	Statement(s)		
Work Statement for	Work Statement for Year: 4 FFY 2014		Work Statement for Year: 5 FFY 2015	
Year 1 FFY 2011	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA-WIDE		PHA-WIDE	
Annual	Operations	1,000	Operations	1,000
	Community Care Giver	10,000	Community Care Giver	10,000
	Part-Time Worker	22,000	Part-Time Worker	22,000
	Salaries/benefits	0	Salaries/benefits	0
	Advertising	1,000	Advertising	1,000
	Agency Plan Update	1,000	Agency Plan Update	1,000
	Environmental Review	1,000	Environmental Review	1,000
	Computer Upgrade	5,000	Computer Upgrade	5,000
	A/E Fees	5,000	A/E Fees	2,000
	1	1,000	Annual Inspections	1,000
	Appliances	5,000	Appliances	2,000
	Office Equipment	500	Office Equipment	500
	Maintenance Equipment	200	Maintenance Equipment	500
	Lawn Mowers	10,000	Replenish Reserves	10,000
	Maintenance Vehicle	25,000		
			1177. 117.	
	Subtotal of Estimated Cost	\$88,000	Subtotal of Estimated Cost	\$63,000